

Name	Lee Moore		Grade	K	
Teacher	Mrs. Betty Hensley		Date of Testing	4/21/82 - 80	
School	Central Baptist Elem	City	Cinti	State	Ohio

Score Summary Box

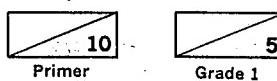
Test	Number Possible	Number Right	Scaled Score	Grade Equivalent	Percentile Rank	Stanine	Instructional Reading Level
Reading	37	26	476	1.5	90	1 2 3 4 5 6 7 8 9	Primer
Mathematics	35	33	492	2.7	96	1 2 3 4 5 6 7 8 9	
Language	25	20	375	1.2	84	1 2 3 4 5 6 7 8 9	
Basic Battery (R+M+L)	97	79	410	1.5	94	1 2 3 4 5 6 7 8 9	

Percentile Ranks and Stanines based on tables for Fall Spring

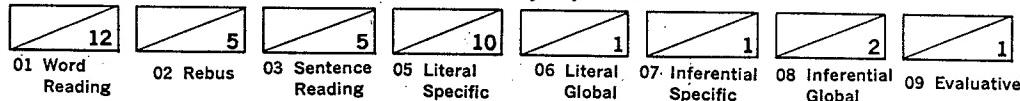
Cluster Analysis

READING

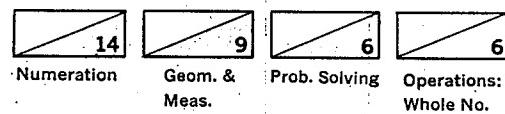
Performance by grade level of reading passages



Performance by objective



MATHEMATICS



LANGUAGE



1 2 3 4 5 6 7 8 9 10 11 12 A B C D E

CC 0321

Metropolitan Achievement Tests

Basic Survey Battery

Primary 1 Form JS

Lee Lee Lee Lee Lee

Name <u>Lee Moore Jr</u>	Grade <u>1</u>
Teacher <u>Mrs. Moore</u>	Date of Testing <u>4/81</u>
School _____	City _____
State <u>CINCINNATI</u>	

Score Summary Box

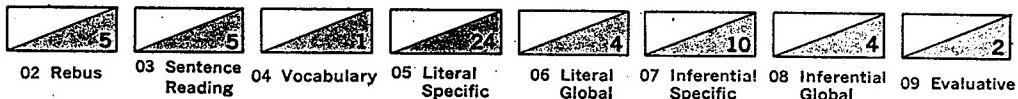
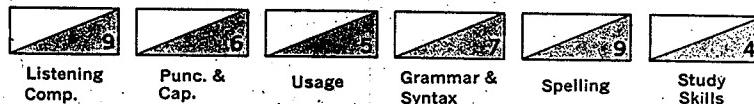
Test	Number Possible	Number Right	Scaled Score	Grade Equivalent	Percentile Rank	Stanine			Instructional Reading Level
						1	2	3	
Reading	55	40	577	2.2	77	1	2	3	GR1
Mathematics	40	21	401	1.7	42	1	2	3	
Language	40	30	458	2.1	70	1	2	3	
Basic Battery (R+M+L)	135	91	472	2.0	68	1	2	3	

Percentile Ranks and Stanines based on tables for Fall Spring **Cluster Analysis****READING**

Performance by grade level of reading passages



Performance by objective

**MATHEMATICS****LANGUAGE**

3 4 5 6 7 8 9 10 11 12 A B C D E

CC 0322

Metropolitan Achievement Tests

Complete Survey Battery

Primary 2 Form JS

Name <u>Monroe, Lee</u>	Grade <u>2nd</u>
Teacher <u>Mrs. Singleton</u>	Date of Testing <u>4/26/82</u>
School <u>Central Baptist</u>	City _____
State _____	

Score Summary Box

Test	Number Possible	Number Right	Scaled Score	Grade Equivalent	Percentile Rank	Stanine	Instructional Reading Level
Reading	55	44	657	3.4	70	1 2 3 4 5 6 7 8 9	Gr. 3
Mathematics	45	20	445	2.2	22	1 2 3 4 5 6 7 8 9	
Language	55	48	609	4.3	84	1 2 3 4 5 6 7 8 9	
Science	40	25	489	2.8	54	1 2 3 4 5 6 7 8 9	
Social Studies	40	23	460	2.2	40	1 2 3 4 5 6 7 8 9	
Basic Battery (R+M+L)	155	112	561	3.1	62	1 2 3 4 5 6 7 8 9	
Complete Battery (Basic+S+SS)	235	160	520	2.9	58	1 2 3 4 5 6 7 8 9	

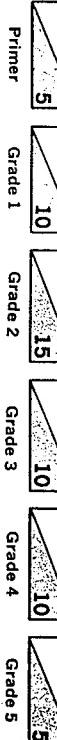
Percentile Ranks and Stanines based on tables for

Fall Spring

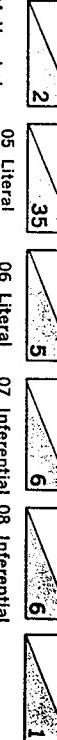
Cluster Analysis

READING

Performance by grade level of reading passages



Performance by objective



MATHEMATICS

Performance by grade level of mathematics

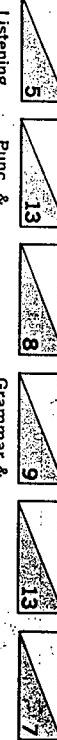


Performance by objective



LANGUAGE

Performance by grade level of language



SCIENCE

Performance by grade level of science



I. Knowledge II. Compre- hension III. Inquiry Skills IV. Critical Anal.

Content Area

Performance by content area



SOCIAL STUDIES

Performance by grade level of social studies



I. Knowledge II. Compre- hension III. Inquiry Skills IV. Critical Anal.

Content Area

Performance by content area



I. Knowledge II. Compre- hension III. Inquiry Skills IV. Critical Anal.

Performance by content area



1 2 3 4 5 6 7 8 9 10 11 12 A B C D E

Metropolitan Achievement Tests

Complete Survey Battery

Elderly Form KS

Name	<u>Lee Moore</u>	Grade	<u>4th</u>
Teacher	<u>Mrs. Myrol</u>	Date of Testing	<u>April 24, 1984</u>
School	<u>Central Baptist</u>	City	<u>Cincinnati</u>
		State	<u>Ohio</u>

Score Summary Box

Test	Number Possible	Number Right	Scaled Score	Grade Equivalent	Percentile Rank	Stanine	Instructional Reading Level
Reading	60	49	684	4.2	42	1 2 3 4 5 6 7 8 9	4
Mathematics	50	21	507	2.8	10	1 2 3 4 5 6 7 8 9	
Language	60	42	618	4.4	44	1 2 3 4 5 6 7 8 9	
Science	45	29	603	4.9	50	1 2 3 4 5 6 7 8 9	
Social Studies	45	38	609	4.9	50	1 2 3 4 5 6 7 8 9	
Basic Battery (R+M+L)	170	112	605	3.8	30	1 2 3 4 5 6 7 8 9	
Complete Battery (Basic+S+SS)	260	169	589	4.1	38	1 2 3 4 5 6 7 8 9	

Percentile Ranks and Stanines based on tables for Fall Spring

READING

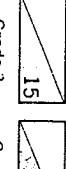
Performance by grade level of reading passages



Grade 2



Grade 3



Grade 4



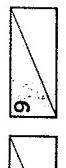
Grade 5



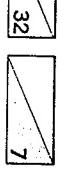
Grade 6

MATHEMATICS

Performance by objective



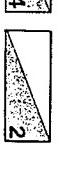
Grade 2



Grade 3



Grade 4

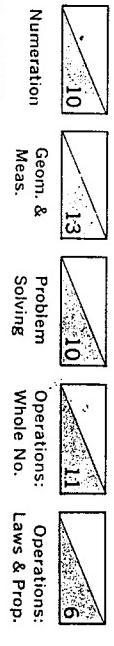


Grade 5

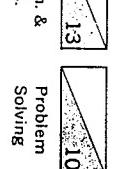


Grade 6

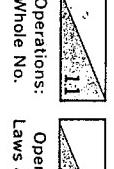
LANGUAGE



Grade 2



Grade 3



Grade 4



Grade 5



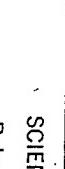
Grade 6

SCIENCE

Performance by objective



Grade 2



Grade 3



Grade 4



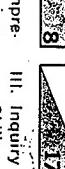
Grade 5



Grade 6

SOCIAL STUDIES

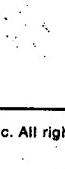
Performance by objective



Grade 2



Grade 3



Grade 4



Grade 5

Content Area

I. Knowledge

II. Compre-

hension

Content Area

Skills

III. Inquiry

Anal.

IV. Critical

Anal.



Grade 2



Grade 3



Grade 4

Behavior

I. Knowledge

II. Compre-

hension

Content Area

Skills

III. Inquiry

Anal.

IV. Critical

Anal.

Physical

I. Knowledge

II. Compre-

hension

Content Area

Skills

III. Inquiry

Anal.

IV. Critical

Anal.

Earth & Life

I. Knowledge

II. Compre-

hension

Content Area

Skills

III. Inquiry

Anal.

IV. Critical

Anal.

Space

I. Knowledge

II. Compre-

hension

Content Area

Skills

III. Inquiry

Anal.

IV. Critical

Anal.

Geography

I. Knowledge

II. Compre-

hension

Content Area

Skills

III. Inquiry

Anal.

IV. Critical

Anal.

Sociology

I. Knowledge

II. Compre-

hension

Content Area

Skills

III. Inquiry

Anal.

IV. Critical

Anal.

Economics

I. Knowledge

II. Compre-

hension

Content Area

Skills

III. Inquiry

Anal.

IV. Critical

Anal.

Political Science

I. Knowledge

II. Compre-

hension

Content Area

Skills

III. Inquiry

Anal.

IV. Critical

Anal.

History

I. Knowledge

II. Compre-

hension

Content Area

Skills

III. Inquiry

Anal.

IV. Critical

Anal.

Anthropology

I. Knowledge

II. Compre-

hension

Content Area

Skills

III. Inquiry

Anal.

IV. Critical

Anal.

Psychology

I. Knowledge

II. Compre-

hension

Content Area

Skills

III. Inquiry

Anal.

IV. Critical

Anal.

Cluster Analysis

3 0 0 8 4 7 1 1 0 1 6 0 8 7 6 5 4 3 2 1

Moore Lee E-
Enter information in pencil

Birthdate 10-09-74

Father's Name Dew

Business Phone

Home Address _____

Business Phone

1) School Central Baptist 2) School _____

Phone _____

Mother's Name Hengear

Business Phone _____

3) School _____ 4) School _____

IMMUNIZATIONS

TYPE	Date	Date	Date	Date
•DPT	1/1/22/74	1/2/23/74	2/24/75	4/1/24/75
Td				
•Polio Sabin(Tri)	1/2/23/74	2/2/4/75	4/1/24/76	6/2/79
•Measles	7/10/31/75			
•Rubella	7/10/31/75			
Mumps				
Other				

•Required by Compulsory Immunization Law, Section 3301.07 of
Ohio Revised Code

Indicate any conditions and/or diseases of the student the teacher
should know of _____

HEARING

Date	Result	Date	Result	Date	Result
3/91	OK	OK	OK		
(Under Result indicate Pass or Fail)					
10/20/82	OK	OK	OK		

Check appropriate box when applicable:

- Normal
- Articulation Problem
- Voice Disorder
- Language Problem
- Other _____

VISION

Date	Result	Date	Result
10/81	tell halve each		
11/2/83	tell halve each well		

Farsightedness

Color	Right	Left

Color _____

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<u>INDIVIDUALIZED EDUCATION PROGRAM</u>		PAGE
<p><u>NAME</u> <u>Jee O Moore</u></p> <p><u>PARENTS</u> <u>Georgia Moore</u></p> <p><u>DISTRICT OF RESIDENCE</u> <u>Mt. Healthy</u></p>	<p>School Year <u>1982-83</u></p> <p>BIRTHDATE <u>10/19/74</u></p> <p>AGE <u>8</u></p> <p>DATE <u>Dec 17, 1982</u></p> <p>ADDRESS <u>1280 Meaditch Cir C</u></p> <p>CITY <u>45231</u></p> <p>PHONE <u></u></p> <p>COUNTY <u>Hamilton</u></p> <p>BUILDING <u>Central Baptist</u></p>	
<p>I. EVALUATIONS COMPLETED / INFORMATION GATHERED</p> <p>II. PRESENT LEVELS OF PERFORMANCE in the following areas where appropriate:</p> <p>1) Intelligence, 2) Academic Performance, 3) Social/Emotional Status, 4) Adaptive Behavior, 5) Learning Modality, 6) Communicative Status, 7) Other.</p>		
<p><u>Some voice evaluation for children:</u></p> <p><u>Histroy:</u> no history of illnesses or allergies has had for several years. She indicates that the problem is caused by talking too much.</p> <p><u>Vocal Rating:</u> tone pitch during conversation; soft loudness level; voice, hoarse, nasal quality; vocal range limited, pitch breaks; vocal, breathiness.</p> <p>13 note rated range.</p> <p><u>Speech:</u> audible and regular with short phrasing: adult talk a tone for duration of 8 seconds.</p> <p><u>oral speech and phonics -</u> normal in size and function</p> <p><u>intelligibility:</u> see attached report. Standard verbal includes</p>		

NAME Tee Moore

PAGE 2

ANNUAL GOALS	SHORT TERM INSTRUCTIONAL OBJECTIVES	EVALUATION PROCEDURES & CRITERIA
<p>1. Clearly vocal quality by developing harmonious a vocalization.</p> <p>2. Monitor changes in vocal quality</p>	<p>1. To produce an individualized, informed teacher's and make evaluations producing a highly effective singing voice and with good accuracy.</p> <p>2. To teach musical awareness and production.</p> <p>3. To have each student find his own vocal range, tone, and contribution style.</p> <p>4. Encourage the student's own style.</p> <p>5. Encourage the student to sing with other students without prejudging.</p> <p>6. Monitor changes in vocal quality</p>	<p>1. To identify the procedures in obtaining of knowledge on voice analysis and the assessment.</p> <p>2. To allow specific practices in techniques with a total program of identifying vocal education methods and music in a more effective and efficient manner.</p> <p>3. To allow specific practices in techniques with a total program of identifying vocal education methods and music in a more effective and efficient manner.</p> <p>4. To allow specific practices in techniques with a total program of identifying vocal education methods and music in a more effective and efficient manner.</p>

CC 0328

PAGE 3

Name Kate Morel

Program Option	Check Needs	Date to be Initiated	Anticipated Duration	Special Program	Related and Supportive Services	Date Services to be initiated	Anticipated Duration
Regular Education	X				Speech & Language Therapy Occupational Therapy	Jan, 1983 <i>Jan, 1/6/84 reassess</i>	
Supplemental Services					Physical Therapy Attendant Service		
Individual/Small Group Instruction					Transportation Orientation & Mobility		
Special Class/ Learning Center					Counseling Vocational Assessment		
Home Instruction					Work-Study Adaptive Physical Ed.		
Residential					Other		
Other							

V. Needs Which Necessitate Placement in a Separate Educational Facility: none

Recommended District or Educational Agency of Attendance Hinsdale

County Hinsdale

Building Central

Extent of Participation in Regular or Vocational Educational Program: full

VI. CRITERIA AND SCHEDULES FOR PERIODIC/ANNUAL REVIEW

Annual or upon parental or teacher request

VII. ADDITIONAL SERVICES NEEDED FOR IMPLEMENTATION OF PROGRAM THAT WILL BE PROVIDED BY PARENTS AND/OR OUTSIDE PROFESSIONAL AGENCIES

The above recommendations have been made by the committee and we feel they are appropriate.

Conference Participants:

NAME _____ Chairperson
TITLE _____

NAME _____ Title: _____
TITLE _____

NAME _____ Title: _____
TITLE _____

I have reviewed the above educational program and
ACCEPT DO NOT ACCEPT
the recommendation of the Committee. I also waive my
right to certified mail.

1-5-83 Ursula J. Morel
Date Parent

EVALUATION OF COMMUNICATION PERFORMANCE

Student Lee Moore Teacher Miss Rudolph Gr. 3 Room _____

As a result of a speech and hearing evaluation, the following speech & language disorders were observed:

Language impairment: A significant deviation in expressive or receptive oral language in the specific areas of morphology (sounds), syntax (grammar), and/or vocabulary.Articulation impairment: The consistent misarticulation of one or more phonemes. The results of a norm referenced (standardized) prognostic evaluation instrument must be considered for a child below eight years of age prior to determining eligibility for services.Fluency impairment: Reduced intelligibility and rate because of a high disfluency ratio and/or struggle or avoidance and fear of speaking situations.Voice impairment: Exhibits difficulties in the areas of pitch, quality, and/or loudness not appropriate to the student's age or sex.Hearing impairment: Has a measurable hearing loss, the type and/or degree of which is adversely affecting the child's communication skills as determined by an audiologist's evaluation.Instructions to the Teacher: Your observation, which is part of a multi-factored assessment procedure, is in accordance with the guidelines for current program standards for special education units for speech, language, and hearing services in the state of Ohio (#3301-51-08 B. 4. C.). Please complete the following with a "yes" or "no".no The child avoids speaking situations.yes ~~(laugh)~~ Other children in the class seem to react negatively toward the child because of his/her speech.no The child's social maturity and interaction is inappropriate for age and grade level.no The child has difficulty participating in classroom discussions involving two or more persons.no The child has difficulty hearing and understanding directions, conversation, and material presented during class most of the time.no The child has difficulty understanding material presented via audio-visual equipment.no The child has difficulty listening and discriminating likenesses and differences in speech sounds.no The child uses incomplete sentences and language inappropriate for grade level.no Vocabulary development and comprehension is inappropriate for grade level.no The child has difficulty understanding concepts such as space, quantity and time appropriate for age level.no The child's speech ability is reduced when the child is placed in a stressful situation.no The child communicates with gesture in lieu of speaking.no The child has difficulty demonstrating reasoning ability and knowledge of cause-effect relationships appropriate to age level.no The child's verbal intelligibility is reduced hampering his/her ability to communicate information.no The child has difficulty correctly producing sounds.no The child has difficulty blending sounds together to form words.yes The child's vocal quality detracts from the message he/she is trying to communicate.

The following professionals are in agreement that this child is adversely affected due to the presenting communication disorder when compared to his/her peers.

Signed: Miss Rudolph

Teacher

Date October 20, 1982Diane C. Gaines

Speech-Language Pathologist

Date Nov 12, 1982Ronald N. Mellish

School Representative

Date Jan 5, 1983

Please return to the speech-language pathologist as soon as possible. Thank you for your cooperation.

December 1, 1982

Name: Lee Moore
Age: 8
B.D.: 10/19/74

D.O.E.: 10/15/82
Clinician: Diane Games

Reason for Referral: Miss Rudolph referred Lee for an evaluation due to consistent hoarse vocal quality noted in classroom activities. She noted that the voice became worse during the day and that the hoarseness did not appear to be connected with allergies or a cold.

Vocal Description: During an evaluation the following observations:

- severe, hoarse vocal quality which worsens at the end of the day or following prolonged phonation,
- pitch range limited to 13 notes with habitual pitch at the bottom of range. Pitch varies little during conversational tasks and pitch breaks were noted,
- soft presentation of voice was noted with periods of audible, irregular breathing. Lee could sustain a sound for 8 seconds.

History: Lee's voice problem has been evident for several years. There is no history of allergies or illness.

Recommendations:

- Evaluation by an ear,nose and throat specialist to determine if a physical problem is causing the hoarse quality.
- Vocal therapy to reduce the hoarse quality.

Diane Games M.A.
Speech-Language Pathologist

AUXILIARY SERVICES
E.N.T. SPEECH CLINIC
LARYNGEAL REFERRAL

SCHOOL Central Baptist

PUBLIC SCHOOL DISTRICT Brinleytown School District
OF ATTENDANCE 8179 Weston Rd.
ADDRESS FOR BILLING Circleville, Ohio 45231

NAME Moore Lee L.
(Last Middle First)PARENT/GUARDIAN Georgia MooreADDRESS 1280 Meredith
Circleville, OH 45231PHONE 522-1092 D.O.B. 10/19/74REFERRING THERAPIST/NURSE Diane C. Hemes DATE Nov. 11, 1982

KNOWN MEDICAL HISTORY Hoarse vocal quality has been present for several years. No known history of illnesses or allergies and is not on medication.

Evaluations Completed

Circle OneProblems Noted

Articulation

 Passed / Failed

Language

 Passed / Failed

Voice

 Passed / FailedHoarse vocal quality

Dysfluency

Passed / Failed

Hearing

Passed / Failed

EXAMINING LARYNGOLOGIST P.T. TaylorDATE OF EXAM. 12-10-82

NOSE: Is there obstruction in the nasal passages? _____
 If so, please explain. _____
 Is there sinus infection or nasal allergy? _____

PHARYNX: Is there any asymmetry of muscle contraction? _____
 Are there any growths or other abnormalities? _____

LARYNX: Examination by indirect laryngoscopy _____

*General size of Larynx:

*Function of Cords (on phonation)

Normal _____

Symmetrical _____

Larger than normal _____

Bowing _____

Smaller than normal _____

Deviation from midline _____

*Approximation:

*Appearance of Vocal Folds:

Complete _____

Thickened _____

Partial _____

Edematous _____

*Attack:

Inflamed _____

Normal _____

Infected _____

Hard _____

Malformed _____

Incomplete _____

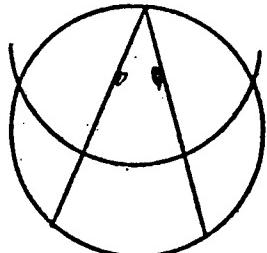
Scars _____

Growths _____

Others _____

Presence of Vocal Pathology: Please indicate location on diagram.

Nodules _____ Polyps _____ Ulcer _____
Other _____ None _____



Epiglottis
Anterior 1/3

Size: _____

Medium 1/3

Appearance: _____

Posterior 1/3

Hard

Soft

Other _____

Arytenoid Process

Does this patient have allergies, hypothyroidism, anemia, or any other chronic condition which might contribute to the abnormal voice quality?

Has this patient's misuse of voice contributed to abnormal structure or function?

Do your findings explain the abnormal voice quality?

In your opinion, it is possible that a continuation of present voice use may contribute toward future or increased disorders of the mechanism?

RECOMMENDATIONS:

Do you recommend any of the following: Silence _____ Duration _____ Limited use of voice _____ Duration _____ Training by a speech clinician to help patient establish easy, efficient use of the vocal mechanism _____
Other recommendations _____

Bilat. Nodules Normal L R

Platte for speech 14

Please return to:

Diane James
Central Baptist Schools
7645 Winter Road
Cincinnati, Ohio 45224

Cotton

Physician's Signature

Date Dec 10/81

COMMUNITY DIAGNOSTIC AND TREATMENT CENTER**A Division of Central Psychiatric Clinic**

909 Sycamore Street, Suite 300
 Cincinnati, Ohio 45202
 Phone: (513) 651-9300
 Fax: (513) 352-1345

WALTER S. SMITSON, PH.D.
 Executive Director

September 2, 1994

NANCY SCHMIDTGOESSLING, PH.D.
 Director

WILLIAM WALTERS, PH.D.
 Assistant Director

GAIL HELLMANN, M.D.
 Medical Director

MARILYN GEEDING, L.I.S.W.
 Treatment Coordinator

SHERRY SANDERS, L.P.C.C.
 Forensic Liaison

CHARLOTTE E. HOLLAND
 Office Manager

Juvenile Detention Center
 of Butler County
 Attn: Records
 280 North Fair Avenue
 Hamilton, Ohio 45011

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MR. DANIEL J. VALERIO

UNIVERSITY LIAISON

DONALD C. HARRISON, M.D.

JAMES RANDOLPH HILLARD, M.D.

RE: Lee MooreDOB: 10-19-74**TO WHOM IT MAY CONCERN:**

Enclosed is a signed Authorization for Release of Information form regarding the above-named person.

Our agency is under a very strict time-frame to provide a comprehensive report to the Court, therefore, we would greatly appreciate information from you as soon as possible.

Thank you in advance for your prompt and courteous attention to this matter.

Sincerely,

Jenny O'Donnell, B.S.
 Psychology Trainee

CC 0334

**CENTRAL PSYCHIATRIC CLINIC
COMMUNITY DIAGNOSTIC AND TREATMENT CENTER
909 Sycamore Street, Suites 300 and 400, Cincinnati, OH 45202
513-651-9300**

I, the undersigned, hereby authorize the Community Diagnostic and Treatment Center to release/obtain information from records pertaining to the person named below to/from the agency/person indicated. This authorization includes release of information concerning evaluation/treatment of drug or alcohol abuse, drug-related conditions, alcoholism, psychiatric/psychological conditions, Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), and/or tests for antibodies to the AIDS virus (HIV). All matters pertaining to client records are considered privileged and confidential and are treated as such by the employees of the program. Information regarding such matters cannot be given without the consent of the client. PROHIBITION ON REDISCLOSURE: Information disclosed or requested from records whose confidentiality is protected by Federal or State Law, may not be disclosed without the specific written consent of the person to whom it pertains.

AGENCY/PERSON JDC in Butler County in 91
 ADDRESS 280 N. Fair; 45011 887-3800
Ave.

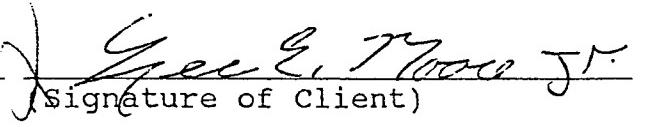
PURPOSE/NEED FOR DISCLOSURE of information between Community Diagnostic and Treatment Center and the agency/person named above: Aid in court-ordered evaluation/treatment of the person named below. OR _____

The following information may be released or reviewed:

- | | |
|---------------------------------------------------------------------|----------------------------------------------------------------|
| <input checked="" type="checkbox"/> Discharge Summary | <input checked="" type="checkbox"/> Reports of Tests or X-rays |
| <input checked="" type="checkbox"/> Face Sheet with Final Diagnosis | <input type="checkbox"/> Emergency Treatment(s) |
| <input type="checkbox"/> Complications & Operative Procedures | <input type="checkbox"/> Outpatient Clinic Notes |
| <input checked="" type="checkbox"/> History and Physical | <input checked="" type="checkbox"/> Specify Clinic: |
| <input checked="" type="checkbox"/> Consultative Report(s) | <input checked="" type="checkbox"/> Other <u>All Records</u> |
| <input checked="" type="checkbox"/> Inpatient | <input type="checkbox"/> Emergency Department |
| <input type="checkbox"/> Outpatient | |

This Authorization for Release of Information may be revoked by me at any time with written notice to the parties involved, except to the extent action has been taken prior to revocation. This Authorization for Release of Information will expire ninety (90) days after date below, or sooner by my choice, in which case this consent will expire on _____.

I hereby acknowledge that I have read and fully understand the above statements as they apply to me. I hereby consent to the disclosure of the records to the purpose and extent stated above.

FULL NAME OF CLIENT Lee Moore 
 Signature of Client)

Date of Birth 10-19-74

Social Security No. 284-74-1946 9-1-94
 (Date)

PLEASE FORWARD REQUESTED INFORMATION TO: Jenny O'Donnell
 Community Diagnostic and Treatment Center, 909 Sycamore Street, Suites 300 and 400, Cincinnati, OH 45202.

This authorization was facilitated by Jenny O'Donnell
 (Staff member's signature)
 Date 9-1-94

c: To be retained in Client Record

**CENTRAL PSYCHIATRIC CLINIC
COMMUNITY DIAGNOSTIC AND TREATMENT CENTER
909 Sycamore Street, Suites 300 and 400, Cincinnati, OH 45202
513-651-9300**

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AGENCY/PERSON Pamela King, Probation Officer (Juvenile)
ADDRESS 852 8747

PURPOSE/NEED FOR DISCLOSURE of information between Community Diagnostic and Treatment Center and the agency/person named above: Aid in court-ordered evaluation/treatment of the person named below. OR _____

The following information may be released or reviewed:

- | | |
|---------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Reports of Tests or X-rays |
| <input type="checkbox"/> Face Sheet with Final Diagnosis | <input type="checkbox"/> Emergency Treatment(s) |
| <input type="checkbox"/> Complications & Operative Procedures | <input type="checkbox"/> Outpatient Clinic Notes |
| <input type="checkbox"/> History and Physical | <input checked="" type="checkbox"/> Specify Clinic: _____ |
| <input type="checkbox"/> Consultative Report(s) | <input checked="" type="checkbox"/> Other <u>Please Call</u> |
| <input type="checkbox"/> Inpatient | <input type="checkbox"/> Emergency Department |
| <input type="checkbox"/> Outpatient | |

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FULL NAME OF CLIENT Lee Moore

Xi Lee E. Moore Jr
(Signature of Client)

Date of Birth 10-19-74

Social Security No. 284-74-1946

9-1-94

(Date)

PLEASE FORWARD REQUESTED INFORMATION TO: Jenny O'Donnell

Community Diagnostic and Treatment Center, 909 Sycamore Street, Suites 300 and 400, Cincinnati, OH 45202.

This authorization was facilitated by Debra D. Brown

(Staff member's signature)

Date 9-1-94

c: To be retained in Client Record

352-1342

CC 0336

COMMUNITY DIAGNOSTIC AND TREATMENT CENTER

A Division of Central Psychiatric Clinic

909 Sycamore Street, Suite 300
 Cincinnati, Ohio 45202
 Phone: (513) 651-9300
 Fax: (513) 352-1345

WALTER S. SMITSON, PH.D.
 Executive Director

NANCY SCHMIDTGOESSLING, PH.D.
 Director

WILLIAM WALTERS, PH.D.
 Assistant Director

GAIL HELLMANN, M.D.
 Medical Director

MARILYN GEEDING, L.I.S.W.
 Treatment Coordinator

SHERRY SANDERS, L.P.C.C.
 Forensic Liaison

CHARLOTTE E. HOLLAND
 Office Manager

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MR. CHARLES THOMAS
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MS. JANIS M. DAY

MS. DAPHNE DICKENS-KING

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MR. WENDELL E. HAWKINS

HON. TIMOTHY S. HOGAN

DR. C. ROBERT KILBY

MR. EDWARD H. KIM

MR. ARUN LAI

MR. THOMAS B. SCHERPENBERG

MR. DANIEL J. VALERIO

UNIVERSITY LIAISON

DONALD C. HARRISON, M.D.

JAMES RANDOLPH HILLARD, M.D.

September 1, 1994

Hamilton County Justice center
 Attn: Records
 1000 Sycamore Street
 Cincinnati, Ohio 45202

RE: Lee Moore DOB: 10-19-74

TO WHOM IT MAY CONCERN:

Enclosed is a signed Authorization for Release of Information form regarding the above-named person.

Our agency is under a very strict time-frame to provide a comprehensive report to the Court, therefore, we would greatly appreciate information from you as soon as possible.

Thank you in advance for your prompt and courteous attention to this matter.

Sincerely,

Jenny O'Donnell, B.S.
 Psychology Trainee

CC 0337

**CENTRAL PSYCHIATRIC CLINIC
COMMUNITY DIAGNOSTIC AND TREATMENT CENTER
909 Sycamore Street, Suites 300 and 400, Cincinnati, OH 45202
513-651-9300**

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AGENCY/PERSON HCJC Intake Records
ADDRESS 100 Sycamore; 45303

PURPOSE/NEED FOR DISCLOSURE of information between Community Diagnostic and Treatment Center and the agency/person named above: Aid in court-ordered evaluation/treatment of the person named below. OR _____

The following information may be released or reviewed:

- | | |
|---------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Reports of Tests or X-rays |
| <input type="checkbox"/> Face Sheet with Final Diagnosis | <input type="checkbox"/> Emergency Treatment(s) |
| <input type="checkbox"/> Complications & Operative Procedures | <input type="checkbox"/> Outpatient Clinic Notes |
| <input type="checkbox"/> History and Physical | <i>Specify Clinic: MHU & Intak</i> |
| <input type="checkbox"/> Consultative Report(s) | <input checked="" type="checkbox"/> Other <u>All Records</u> |
| <input type="checkbox"/> Inpatient | <input type="checkbox"/> Emergency Department |
| | <input type="checkbox"/> Outpatient |

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FULL NAME OF CLIENT Lee Moore

X Lee Moore Jr.
(Signature of Client)

Date of Birth 10-19-74

Social Security No. 284-74-1946

9-1-94

(Date)

PLEASE FORWARD REQUESTED INFORMATION TO: Jenny O'Donnell / DAVE CHIAPPONE
Community Diagnostic and Treatment Center, 909 Sycamore Street, Suites 300 and 400, Cincinnati, OH 45202.

This authorization was facilitated by Jenny O'Donnell

(Staff member's signature)

Date 9-1-94

c: To be retained in Client Record

COMMUNITY DIAGNOSTIC AND TREATMENT CENTER

A Division of Central Psychiatric Clinic

909 Sycamore Street, Suite 300
 Cincinnati, Ohio 45202
 Phone: (513) 651-9300
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MR. DANIEL J. VALERIO

UNIVERSITY LIAISON

DONALD C. HARRISON, M.D.

JAMES RANDOLPH HILLARD, M.D.

September 1, 1994

Juvenile Detention Center
 Attn: Records
 2020 Auburn Avenue
 Cincinnati, Ohio 45219

RE: Lee Moore

DOB: 10-19-74

TO WHOM IT MAY CONCERN:

Enclosed is a signed Authorization for Release of Information form regarding the above-named person.

Our agency is under a very strict time-frame to provide a comprehensive report to the Court, therefore, we would greatly appreciate information from you as soon as possible.

Thank you in advance for your prompt and courteous attention to this matter.

Sincerely,

Jenny O'Donnell, B.S.
 Psychology Trainee

CC 0339

CENTRAL PSYCHIATRIC CLINIC
COMMUNITY DIAGNOSTIC AND TREATMENT CENTER
909 Sycamore Street, Suites 300 and 400, Cincinnati, OH 45202
513-651-9300

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AGENCY/PERSON 70/20 - Juvenile Detention Ctr. Attn: Records
ADDRESS 2020 Auburn Ave., 45219

PURPOSE/NEED FOR DISCLOSURE of information between Community Diagnostic and Treatment Center and the agency/person named above: Aid in court-ordered evaluation/treatment of the person named below. OR _____

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| <input type="checkbox"/> Consultative Report(s) | <input checked="" type="checkbox"/> Other <u>All Records</u> |
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FULL NAME OF CLIENT Lee Moore

N. Lee E. Moore Jr.
(Signature of Client)

Date of Birth 10-19-74

Social Security No. 284-74-1946

9-1-94

(Date)

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This authorization was facilitated by Jenny O'Donnell

(Staff member's signature)

Date 9-1-94

c: To be retained in Client Record

CC 0340